

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop: S2-01-16
Baltimore, Maryland 21244-1850



MAY 01 2014

Jennifer Vermeer
Medicaid Director
State of Iowa
Department of Human Services
100 Army Post Road
Des Moines, IA 50315

Dear Ms. Vermeer:

The Centers for Medicare & Medicaid Services (CMS) is approving Iowa's request to amend its two three-year Medicaid demonstrations, "Iowa Wellness Plan", (Project Number 11-W-00289/5) and "Iowa Marketplace Choice", (Project Number 11-W-00288/5) to provide tiered dental benefits. The demonstrations are approved in accordance with section 1115(a) of the Social Security Act (the Act) and are effective May 1, 2014. Through these demonstrations and associated state plan amendments (SPAs), the state will provide dental plan coverage to all expansion adults in Iowa with incomes up to and including 133 percent of the federal poverty level (FPL) through a Pre-Paid Ambulatory Health Plan ("PAHP").

The core benefits will provide basic preventive and diagnostic, emergency, and stabilization services, and will be implemented through Iowa Marketplace Choice and Iowa Wellness Plan alternative benefit plans (ABP) SPAs, while tiered "Enhanced," and "Enhanced Plus" earned benefits will be provided to beneficiaries through the Iowa Wellness Plan and the Iowa Marketplace Choice demonstrations. Enhanced benefits will be provided to beneficiaries on the basis of completing a first periodic exam within 6-12 months of the first visit. Enhanced benefits will cover restorative services, endodontic services, denture adjustments and repairs, non-surgical extractions and other oral surgery services, and designated adjunctive services. "Enhanced Plus" benefits will be provided to beneficiaries who have earned Enhanced benefits and have returned for a second periodic exam within 6-12 months of the first periodic exam. Enhanced Plus benefits will cover crowns and onlays, tooth replacements, and gum surgery. In order to maintain Enhanced or Enhanced Plus benefits, beneficiaries must continue to return for periodic exams every 6-12 months. Those beneficiaries who fail to do so will revert to the basic Core benefits described in the Wellness and Marketplace Choice ABPs.

CMS' approval of these demonstrations are conditioned upon compliance with the enclosed sets of Special Terms and Conditions (STCs) defining the nature, character, and extent of anticipated federal involvement in the project. The award is subject to our receiving your written

acknowledgement of the award and acceptance of these STCs within 30 days of the date of this letter. A copy of the STCs, waivers, and expenditure authorities are enclosed.

Your project officer for these demonstrations is Leila Ashkeboussi. She is available to answer any questions concerning your section 1115 demonstration Ms. Ashkeboussi's contact information is as follows:


Centers for Medicare & Medicaid Services
Center for Medicaid and CHIP Services
Mail Stop: S2-01-16
7500 Security Boulevard
Baltimore, MD 21244-1850
Telephone: (410) 786-3135
Facsimile: (410) 786-5882
E-mail: Leila.Ashkeboussi@cms.hhs.gov

Official communications regarding program matters should be sent simultaneously to Ms. Ashkeboussi and to Mr. James Scott, Associate Regional Administrator in our Kansas City Regional Office. Mr. Scott's contact information is as follows:

Centers for Medicare & Medicaid Services
Richard Bolling Federal Building
601 East 12th Street
Room 355
Kansas City, MO 64106-2808
Telephone: (816) 426-6417
Email: James.Scott1@cms.hhs.gov

If you have questions regarding this approval, please contact Mr. Eliot Fishman, Director, Children and Adults Health Programs Group, Center for Medicaid and CHIP Services, at (410) 786-5647.

Sincerely,


Cindy Mann
Director

Enclosures

cc:
James Scott, ARA, Region VI